

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814
(916) 322-5330



July 9, 1984

ALL-COUNTY LETTER NO. 84-68

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: INSTRUCTIONS FOR IMPLEMENTING AFDC INTERCOUNTY TRANSFER REGULATIONS

REFERENCE: ORD #1286-67

This letter is to provide general instructions for implementing the revised AFDC Intercounty Transfer (ICT) regulations which become effective on July 1, 1984.

Included in this package are reproducible copies of the revised ABCDM 215, Notification of Transfer (Attachment 1), and the new ABCDM 215A, Redetermination Reminder (Attachment 2) for counties to print initial supplies of these forms. Supplies should be available at the DSS Warehouse by September 1, 1984. Also included are answers to eight questions asked by counties regarding operational issues that may arise in actual case transfer situations (Attachment 3).

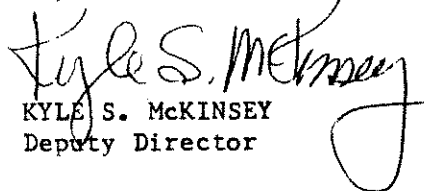
The two forms, ABCDM 215 and 215A, were developed through the cooperation and technical assistance of state staff and the CWDA Forms Advisory Committee. We appreciate the active and productive participation of the Forms Advisory Committee in this endeavor.

Implementation Instructions

Effective July 1, 1984, any eligible AFDC recipient that moves from one county to another within the state to make his or her home is to be transferred in accordance with the revised regulations.

The previous ICT regulations will continue to apply to recipients transferred prior to July 1, 1984, including those for whom the transfer period has not expired.

Should you have any questions, you may contact Dennis Ragasa, AFDC Policy Implementation Bureau, at (916) 322-5330.


KYLE S. MCKINSEY
Deputy Director

Attachment

cc: CWDA

NOTIFICATION OF TRANSFER

DISTRIBUTION: *Original and Copy to Receiving County.
Copy to WIN Office if WIN Registrant in FBU.
Copy to Case Record.*

CASE NUMBER

SECTION A — SENDING COUNTY COMPLETES

PLEASE TYPE OR PRINT

SENDING COUNTY AND ADDRESS

CHILD SUPPORT NUMBER(S)

RECEIVING COUNTY AND ADDRESS

DATE OF THIS NOTICE

SENDING COUNTY CASH DISCONTINUANCE DATE

SENDING COUNTY FS DISCONTINUANCE DATE

SENDING COUNTY MC DISCONTINUANCE DATE

CASE NAME

PAYEE NAME (IF DIFFERENT)

PAYEE'S RELATIONSHIP TO AIDED CHILDREN

ADDRESS IN RECEIVING COUNTY

PHONE NUMBER

DATE MOVED

AID PROGRAMS

- ☐ AFDC—FG ☐ AFDC—U ☐ AFDC—FC ☐ STATE AFDC—U ☐ EA—UP ☐ EA—ANEC
☐ FOOD STAMPS ☐ MEDI—CAL ONLY ☐ RCA/ECA ☐ SERVICES ☐ AAP ☐ OTHER

GRANT/SHARE OF COST AMOUNTS

PRIOR MONTH \$

MONTH OF NOTICE \$

FOLLOWING MONTH (IF KNOWN) \$

CASE STATUS

- ☐ Cash Overpayment. Balance remaining on date of discontinuance: \$ _____ ☐ 90% ☐ 95%
☐ FS Overissuance. Collection on remaining balance \$ _____ ☐ Abandoned ☐ Continues
☐ Intentional Program Violation (IPV) ☐ Inadvertent Household Error ☐ Agency Error
☐ FS Disqualification. Time Period _____ ☐ IPV ☐ Workfare. List Disqualified Members: _____
☐ FS Budgeted Housing Amounts \$ _____ ☐ FS Budgeted Utilities Amount \$ _____
☐ EIC ☐ Assumed ☐ Actual Enter YTD Amount: \$ _____ Beginning Date _____
☐ 30 and 1/3. List who received and for which months: _____
☐ Special Needs. Amount \$ _____ Type: _____ Person(s): _____
☐ Pregnancy Special Needs. Who: _____ EDC: _____
☐ EA-UP ☐ EA-ANEC: Cycle from _____ to _____. List FBU members in receipt: _____
☐ State AFDC-U: Cycle from _____ to _____. List FBU members in receipt: _____
☐ Lump Sum: Amount \$ _____ List ineligible persons: _____
 from _____ to _____. Remainder Income: \$ _____
☐ WIN Registrants ☐ ES Registrants Enter Name and SSN: _____
☐ UIB ☐ DIB List persons and indicate claim status: _____
☐ Principal Wage Earner. Enter Name: _____
☐ Child Support Received \$ _____ ☐ DA ☐ Direct ☐ Other (Specify): _____

DOCUMENTATION

- ☐ Attached ☐ CA 1 ☐ CA 7s/MC 176s ☐ UIB/DIB ☐ MC 210/211 ☐ Citizenship/ Alien Status ☐ Property Verifications ☐ FC Federal Elig. Evidence
☐ To Follow (ABCDM 215 Attached) ☐ CA 2/FC 2 ☐ Auth Doc ☐ SSN ☐ MC 216/217 ☐ CA 2.1 ☐ FC Placement Agreement/Document ☐ Vital Documents

COMMENTS (Use back, if necessary):

EW NAME

EW NUMBER

EW PHONE NUMBER (AREA CODE)

SECTION B — RECEIVING COUNTY COMPLETES

- ☐ Case eligible for aid of \$ _____ per month to begin on _____
☐ Case eligible for Medi-Cal with a \$ _____ share of cost.
☐ Failed to apply for redetermination.
☐ Case will be ineligible at the end of the transfer period and termination notice sent.
☐ Other (Specify): _____

COMMENTS (Use back, if necessary):

EW NAME

EW NUMBER

EW PHONE NUMBER (AREA CODE)

DATE

DISTRICT OFFICE ADDRESS

#1

ABCD 215 Form Instructions

The ABCDM 215, Notification of Transfer, is used to notify the gaining county of a pending change in responsibility for the determination of eligibility and aid payment when a recipient has changed his or her county of residence within the State. It is essential that all pertinent information and documentation be forwarded by the sending county within one week after the ABCDM 215 is sent to the receiving county.

Section A - Sending County Completes

- Type or print the case information requested.
- Check the box for each applicable aid category.
- If an aid type is not listed, check the "Other" box and specify the type of aid in the space provided.
- Remember that a Food Stamp Nonassistance case is not transferred intercounty.

Grant/Share of Cost Amounts

- Enter any cash grant/Medi-Cal share of cost for the months requested.

Case Status

- Check the applicable box(es) and complete any requested information.
- The beginning date of EIC is defined as the date when the county assumes EIC for the client and begins counting the EIC as earned income.

Documentation

- Indicate if the information/documentation is attached, otherwise, check the "To Follow" box and forward the data with a copy of the ABCDM 215 within one week of the original ABCDM 215.

- Forward the most recent CA 2 or FC 2.
- Forward the last 2 CA 7s received.
- Forward the most recent authorization document which is the most recent document that placed the client on aid (it will vary from county to county).
- Forward appropriate worksheets, i.e., the MC 177W, DFA 285 B or D, CA 30, etc.
- Forward copies of all documents supporting the eligibility determination made by the sending county.
- Forward a summary of pertinent medical and social services information, including services, needed by the recipient and granted by the sending county. Include a copy of any social assessment.

Comments

Use as necessary to clarify or add any information.

Section B - Receiving County Completes

- Check the appropriate box and complete any requested information.
- If the "Other" box is checked, specify the response.

Comments

Use as necessary to clarify or add any information.

Abbreviations Summary

AAP	- Adoptions Assistance Program
DIB	- Disability Insurance Benefits
EA-UP	- Emergency Assistance - Unemployed Parent
EA-ANEC	- Emergency Assistance - Abused, Neglected or Exploited Children
EDC	- Estimated Date of Confinement
EIC	- Earned Income Credit

ES	- Employment Services
IPV	- Intentional Program Violation
RCA/ECA	- Refugee/Entrant Cash Assistance
SSN	- Social Security Number
UIB	- Unemployment Insurance Benefits
WIN	- Work Incentive Program
YTD	- Year to Date

Comments

Redetermination Reminder — Recipient
Moves to a New County

2

(District Stamp)

Dear

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┌

└

Case Name

Case Number

Date

IMPORTANT REMINDER

On _____, 19 _____, you told us you moved to _____ County.

If you still need aid, **you must apply** at the nearest welfare office in the **new** county where you live before _____.

To avoid delay in getting your aid, apply as soon as possible. **Take this form with you** to make the application process easier.

Please call me, if you have any questions.

Eligibility Worker

Telephone Number (Area Code)

Recordatorio para Determinación Nueva — Cuando el
Recipiente Se Muda a Otro Condado

Sello del Distrito

Estimado(a)

Nombre del Caso

Número del Caso

Fecha

RECORDATORIO IMPORTANTE

El ____ de _____ de 19 ____, usted nos informó que se mudó al condado de _____.

Si todavía necesita la asistencia, **tiene que solicitarla** en la oficina de bienestar más cerca a usted en el **nuevo** condado donde vive ahora antes de _____.

Para evitar una demora en recibir su asistencia, debe **solicitarla** tan pronto como le sea posible. **Lleve esta forma con usted** para que el proceso de solicitar sea más fácil.

Por favor llámeme si tiene alguna pregunta.

Trabajador(a) de Elegibilidad

Número de Teléfono (Número del Área)

INTERCOUNTY TRANSFER (ICT) REGULATIONS

(Effective July 1, 1984)

Answers to Questions Received by DSS

Question 1

What should happen sequentially if all entities (recipient, County "A" and County "B") fulfill all responsibilities in a timely manner during the inter-county transfer of a case? Assume that a recipient comes into an office in County "A" on July 9, 1984, turns in a complete CA 7 for June and notifies the county that he/she has moved to County "B" effective this same date (MPP 40-195.1).

Answer

The following actions are required by the regulations:

- . County "A" gives or sends to the recipient a copy of the Redetermination Reminder (ABCDM 215A) as required by MPP 40-195.212.
- . On July 13, 1984 (not a fixed time requirement), County "A" completes and mails two copies of ABCDM 215 (MPP 40-195.211) to County "B". All documents required by MPP 40-195.213 are enclosed in the mailing. The ABCDM 215 establishes August 31, 1984 as the end of the transfer period (MPP 40-187.15).
- . On July 18, 1984, County "B" receives the ABCDM 215 and all enclosures.
- . On July 19, 1984, County "A" computes the budget for the August grant and sends timely notice of action of any change in eligibility or grant amount. Copies of the CA 7, budget worksheet and any resulting notice of action are forwarded to County "B" (MPP 40-195.214).
- . On July 21, 1984 (not a fixed time requirement), the recipient applies for a redetermination of eligibility in County "B" (MPP 40-195.1).
- . By August 1, 1984, County "A" pays the first installment on the August grant, provided the case remains eligible.
- . By August 11, 1984, the recipient submits a complete CA 7 to County "A".
- . County "A" immediately processes the CA 7, determines continuing eligibility and amount of grant, and sends copies of the CA 7, the resulting budget worksheet and any notice of action to County "B" (MPP 40-195.214).
- . By August 15, 1984 County "A" pays the second installment on the August grant, provided the case remains eligible.
- . Anytime after July 21, but prior to August 21, County "B" should accomplish the following:

- . Determine that the recipient is living in County "B" (MPP 40-195.221).
- . Redetermine the recipient's eligibility for cash aid by processing the information on and attached to the ABCDM 215, the new CA 2, and information provided on the CA 7s due in the transfer period (MPP 40-195.222).
- . If the CA 7 is received directly by County "B", process the information, determine eligibility and grant amount, and forward a copy of the CA 7, budget worksheet and any resulting notice of action to County "A".
- . Complete Section "B" of the ABCDM 215 and return a copy to County "A".
- . Continue aid payment effective September 1, 1984, if the recipient is eligible.
- . Send timely notice of action to discontinue aid, if the recipient is ineligible for aid.
- . Send timely notice of action to reduce aid, if income and circumstances result in a lower grant amount.

Question 2

County "B" receives an ABCDM 215 from County "A" on July 13, 1984. The transfer period expires on August 31, 1984. If the recipient does not contact County "B" by August 31, 1984, what are the notice of action requirements for County "A" and/or County "B"?

Answer

County "A" is required by MPP 40-195.212 to inform the recipient in writing of his/her responsibility to apply for a redetermination of eligibility in County "B" no later than August 31, 1984. This responsibility is met by giving or sending the Redetermination Reminder (ABCDM 215A) to the recipient.

By August 21, 1984, County "B" is to provide the recipient with timely notice of action to discontinue aid for failure to apply for a redetermination of eligibility. See MPP 40-195.1.

There are no additional notice requirements relating to the transfer. County "A" may give notice to terminate its responsibility for payment of aid effective the end of the transfer period. Since this notice is not required by regulations, DSS will not provide a standard message for this purpose.

If the former recipient applies for a redetermination of eligibility after August 31, 1984, the request is treated as a new application (MPP 40-125.1).

Question 3

What is the responsibility of County "B" in a situation where the recipient applies for a redetermination of eligibility in County "B", but County "B" has not received an ABCDM 215 from County "A"?

Answer

MPP 40-195.1 places the responsibility on the recipient to promptly notify the county paying aid (County "A") of his/her move to a second county. County "B" should advise the recipient of this responsibility. County "B" is not required, but encouraged to assist the recipient in notifying County "A" of the move. County "A" should initiate the ABCDM 215 upon notification from the recipient or County "B" (MPP 40-189.21).

Question 4

What is the responsibility of County "B" when the recipient applies for redetermination in that county within the transfer period, but fails to return for an interview scheduled to complete the redetermination?

Answer

Send notice of action to discontinue aid for failure to cooperate in completion of the redetermination. The notice of action must meet the requirements of MPP 22-022.1.

Question 5

Which county is responsible for notice requirements when a grant reduction is required during the ICT? Must this notice be timely?

Answer

County "A" is responsible for notice of action requirements that will affect aid payments during the last month of the ICT. County "B" is responsible for notice of action requirements that will affect aid payments in the first month following expiration of the ICT. Monthly Reporting and Retrospective Budgeting continues during the ICT. Notice of action must meet the requirements of MPP 22-022.1.

Question 6

Must checks be issued on time, even when the recipients shows up very near the end of the transfer period?

Answer

Yes. Absent an appropriate discontinuance for cause (failure to submit a complete CA 7, financial ineligibility, failure to cooperate, etc.),

an eligible recipient is entitled to aid payment as of the first of the month following the end of the transfer period. See MPP 44-305.2.

Question 7

Are overpayments to be collected by County "B"?

Answer

Yes. All overpayment and underpayment regulations apply. County "A" should enter on the ABCDM 215 the outstanding overpayment balance as of the end of the transfer period. County "B" assumes responsibility for overpayment correction thereafter.

Question 8

Do the ICT regulations apply to Foster Care cases?

Answer

Yes. See MPP 40-187.2 and 40-189.2.